Midway Hot Pots Resort
Voseph Galli

PHYSICIAN'S EXAMINATION FORM

(TO BE USED IN DETERMINING THE PHYSICAL CONDITION OF MEN TO WEAR OXYGEN BREATHING APPARATUS)

In order that wearers of self-contained oxygen breathing apparatus may have their safety assured and that they may work efficiently, they should be examined by a physician, found to be sound in body, normal in mind, and physically fit. The following information is the minimum that should be obtained by such an examination:

Name(Print name)	Address
Employer	Address
Age Weight Height Nose:	/
Eyes: Vision, right: eye	or 20/50 in one cyc with 20/80 or better in other cyc.)
Hearing: Right ear(Ordinary conversation should be b	: left /ear
Teeth	
Chest: Normal	_; abnormal
Chest expansion: Full expiration	
Throat: Normal; abnormal	1
Heart: Normal; abnormal; after exercise; after exercise;	
After 2 minutes' rest Blood pressure: Systematical Blood pressure:	
Abdomen: Weak, scars, or hernia	
Loss of extremities: Members	Nervous or composed
Is the applicant capable of sustained strendous work v	while wearing oxygen breathing apparatus?
	·
_	(Physician's signature)
Date	(Address)

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^{*}The pulse rate should be taken for a full minute as follows: (A) While the applicant is standing; (B) While the applicant is standing after making a step test (18 inches high, 15 times in 30 seconds); (C) After the applicant has been sitting down 2 minutes following the step test. If the third pulse rate exceeds by two beats per minute the first pulse rate, the applicant is not considered physically fit to wear oxygen breathing apparatus.